

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Erwin et al.**Application No.: **10/783,335**Filed: **February 20, 2004**For: **METHOD FOR RECONFIGURING
BASE STATION EQUIPMENT TO
RELIEVE BLOCKING IN A HEAVILY
UTILIZED SECTOR**

Art Unit: 2686

Examiner: Fox, Bryan J.

Confirmation No. 8941

Mail Stop **AF**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**AMENDMENT TRANSMITTAL LETTER**

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | | | |
|-------------------------------------|----------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | Response to Office Action | <input type="checkbox"/> | Petition to Extend Time |
| <input type="checkbox"/> | Fee as calculated below | <input type="checkbox"/> | Supplemental Declaration |
| <input checked="" type="checkbox"/> | No Additional Fee Required | <input type="checkbox"/> | Terminal Disclaimer |
| <input type="checkbox"/> | Corrected Drawings | <input type="checkbox"/> | Other _____ |

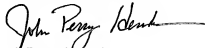
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	8	20	0	X \$50.00	\$0.00
Independent Claims	2	3	0	X \$200.00	\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00	\$0.00
<input type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -					- \$0.00
TOTAL FEE DUE					\$0.00

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Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Payment by credit card in the amount of \$0.00 for the fees designated above. (Form PTO-2038 enclosed). WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 50-3447 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 50-3447 as required to correct the error.

Respectfully submitted,



J. Perry Herndon
Registration No. 54,706
Attorney for Applicant

Dated: July 17, 2006
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Attorney Docket No.: C03-0003-000